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Practitioner's Docket No. TRW(VSSIM)4696

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: BERGERSON, et al.
Application No.: 09/755,704 Group No.: 3611
Filed: January 5, 2001 Examiner:
For: AIR BAG INFLATORS

Assistant Commissioner for Patents
Washington, D.C. 20231

RECEIVED

JUN 19 2001

TO 3600 MAIL ROOM

PRELIMINARY AMENDMENT
TRANSMITTAL

1. Transmitted herewith is a Preliminary Amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 6.11.01

K. McCafferty
Signature

K. McCafferty
(type or print name of person certifying)

(Amendment Transmittal--page 1 of 5)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	39	Minus	32	= 7	x \$18 =	\$126
Indep.	6	Minus	4	= 2	x \$80 =	\$160
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
					Total Addit. Fee	\$286

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

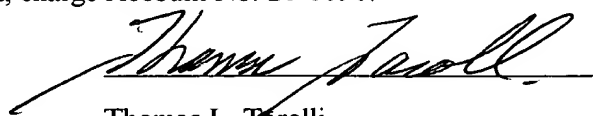
Total additional fee for claims required: \$286.00

FEE PAYMENT

5. Attached is a check in the sum of \$286.00.

FEE DEFICIENCY

6. If any additional fee for claims is required, charge Account No. 20-0090.



Thomas L. Tarolli
 Registration No. 20,177
 Tarolli, Sundheim, Covell, Tummino & Szabo
 1111 Leader Building
 Cleveland, Oh 44114
 216-621-2234